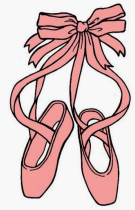




Churchville Recreation Council's

## Summer Dance Nature Adventure and Classes

Join us this summer for an opportunity to express your creativity and learn from instructors whose enthusiasm for dance ensures a valuable experience!



### Nature Adventure

*Your little dancer will enjoy 6 adventurous weeks of ballet, jazz and hip hop with an in-studio performance for loved ones at the end of the session. Lessons include instructional video.*

**When:** Tuesdays & Thursdays beginning June 20, 2017

**For:** Boys & Girls, ages 4-8

**Time:** 12:00-2:00 pm (4 to 6 year olds)

2:00-4:00 pm (6 to 8 year olds) - *no class July 4th*

**Cost:** \$135 (includes arts & crafts supplies;  
bring art smock, water bottle, sneakers)

**Where:** Churchville Recreation Center  
111 Glenville Road  
Churchville, MD 21028

### Dance Classes

*Ballet, Tap and Hip Hop classes available for ages 3 and up*

*Classes run every Monday, Tuesday & Wednesday for 6 weeks beginning June 19, 2017*

#### Monday Class Schedule

Creative Movement	5:00-6:00 p.m.	Ages 3-5
Ballet/Tap	6:00-7:00 p.m.	Ages 5-7
Ballet Level I (2 yrs experience)	7:00-8:00 p.m.	Ages 7+
Lyrical	8:00-9:00 p.m.	Ages 7+

#### Tuesday Class Schedule\*\*

Ballet Level I (2 yrs experience)	5:00-6:00 p.m.	Ages 7+
Ballet/Tap	6:00-7:00 p.m.	Ages 5-7
Beginning Hip Hop	7:00-8:00 p.m.	Ages 5-7
Intermediate Hip Hop	8:00-9:00 p.m.	Ages 7+

#### Wednesday Class Schedule

Creative Movement	5:00-6:00 p.m.	Ages 3-5
Nutcracker Prep*	6:00-7:00 p.m.	Ages 8-12
Nutcracker Prep* (3 yrs experience)	7:00-8:00 p.m.	Ages 12+

\*For students looking to strengthen their ballet technique; students will take a structured ballet class, focusing on posture, technique and vocabulary.

\*\*No classes on July 4th.

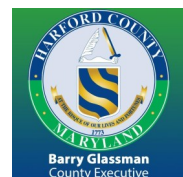
**Cost: \$75**

Note: Teacher's approval required for Nutcracker Prep classes

For more information about these programs, please call the Churchville Recreation Office at (410)638-3853 or the Program Chairperson at (410)838-1711 or by email at [bellercatlady@aol.com](mailto:bellercatlady@aol.com). Please note: If class minimums are not met, classes will be cancelled and a full refund will be given. Checks made payable to Churchville Recreation Council. Mail in or drop off at:

Churchville Recreation Center-Glenville Building  
111 Glenville Road  
Churchville, MD 21028

Check us out on Facebook at Churchville Dance! Also visit our website at [www.churchvillereccouncil.org](http://www.churchvillereccouncil.org) or the County website at [www.harfordcountymd.gov/225/Parks-Recreation](http://www.harfordcountymd.gov/225/Parks-Recreation)



**Registration form/medical waiver attached**

Churchville Recreation Center-Glenville Building  
111 Glenville Road  
Churchville, MD

## **Churchville Dance Registration**

Date: \_\_\_\_\_ Registering for Dance Class \_\_\_\_\_ (please check)  
or  
Registering for Nature Adventure \_\_\_\_\_ (please check)

Participant's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Home #: \_\_\_\_\_

Parent/Guardian Cell #: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

### RELEASE OF LIABILITY

I do hereby expressly agree to release Harford County, Maryland, a body corporate and politic of the State of Maryland, and its elected and appointed officials, agents, officers, and employees, from all liability arising from any harm or injury, including death, sustained by me while participating in this program. I understand that there is an inherent risk involved in any program. I certify, by my signature, that I understand this and agree. I also certify that my child is physically capable of participating. I will make the instructors aware of any allergies and/or medical problems. By my signature I acknowledge my understanding of the Concussion Information, SB771/HB858, which requires that all parents/guardians and athletes be made aware of the dangers a concussion may have on an athlete. This can be found at the Center for Disease Control, [www.cdc.gov/headsup/youthsports/index.html](http://www.cdc.gov/headsup/youthsports/index.html). Also the Sudden Cardiac Arrest, HB 427, which requires that all parents and athletes be made aware of the dangers that sudden cardiac arrest may have on an athlete, found at [www.nhlbi.nih.gov/health/health-topics/topics/scda](http://www.nhlbi.nih.gov/health/health-topics/topics/scda). Further information on both can be found by calling 1-800-232-4636.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO CHURCHVILLE RECREATION COUNCIL

# **MEDICAL & LIABILITY RELEASE FORM**

## **Participant Information:**

Participant First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Male or Female : F or M Birthdate: \_\_\_\_\_

Disabilities: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Primary Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

## **Family Information:**

Family Name: \_\_\_\_\_

Family Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell# \_\_\_\_\_

Email address: \_\_\_\_\_ (emails are kept confidential)

Health Insurance Carrier: \_\_\_\_\_

Policy number \_\_\_\_\_

## **Medical Emergencies**

The undersigned gives permission to Churchville Recreation Council/Churchville Dance, its owners, staff, vendors and operators to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I further grant permission to hospital staff to administer immediate treatment to the above named child should they become injured or ill. I hereby declare any physical/mental problems, restrictions, or conditions and/or declare the participant to be in good physical and mental health.

### **Publicity Release**

Churchville Recreation Council/Churchville Dance reserves the right to use any photos or videos taken during the program without compensation to any team or individual.

**Parent/guardian signature:** \_\_\_\_\_

**Parent/guardian name:** \_\_\_\_\_

**Date:** \_\_\_\_\_